



Naval Branch Health Clinic & VA Outpatient Clinic Key West, FL



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2009 Joint Venture Conference
2-4 June 2009**



Agenda

Overview of the Sharing Initiative

- History of the Clinic and the Joint Venture
- Population served
- Progress to date
- 5 Things You Do Well
- 5 Things You Need
- Lessons Learned
- Contact Information



Overview of the Sharing Initiative

History of Branch Health Clinic, KW

- **December 1941** - Construction began on Naval Hospital Key West
- **October 1942** - Naval Hospital Key West commissioned
- **1979** - Hospital re-designated as Naval Regional Medical Center
- **1986** - *Sharing agreement with DVA, held Mental Health clinic within Medical Center.*
- **1987** - Patient care functions moved to Florida Keys Memorial Hospital due to unsuitability of clinic. *VA moved out into community.*
- **1994** - Clinic was renovated for administrative/clinical services. *DVA returns also providing their services.*
- **1997** - Original Hospital Building demolished
- **1998/99** - Construction of new 60,000sq ft clinic began
- **January-February 2000** - Moved into the new clinic building



Naval Regional Medical Center, Key West, FL

Photo of the original hospital building demolished in 1997





Overview of the Sharing Initiative (cont.)



Historical Perspective of JV

- **June 1994** - Navy Bureau of Medicine (BUMED) proposed to Department of Veterans Affairs (DVA) to enter into a Memorandum of Agreement (MOA) to jointly operate, sponsor, fund and construct a new healthcare facility for use by both organizations (Dental was a third organization participating).
- **July 1994** - Cost Benefit Analysis (CBA) for joint venture construction completed. DVA concluded benefits outweigh the costs of leasing space in community.
- **June 1995** - Memorandum of Understanding (MOU) between DOD and DVA for a Joint Venture for Construction of the Navy Branch Medical Clinic (NBMC) was signed by Asst SECDEF for Health Affairs (HA) and the Under Secretary for Health, DVA.
- MOU between NBMC & Miami VAMC, created the planning team to facilitate construction progress and look at making the new healthcare facility operate under a “symbiotic” concept
- **February 2000** - NBMC/VA Outpatient Clinic, Key West opened for operations.
- **December 2004** - NBMC's Medical and Dental operation integrated under new name, Navy Branch Health Clinic, Key West (NBHC/KW)



Overview of the Sharing Initiative (Cont.)



Population Served

- **NBHC** as of 01 JAN 09
 - Active Duty - 1545
 - Family Members - 1602
 - Retirees and Standard patients on space-A only
- **VA**
 - Key West - FY08 ended with 1,698 unique social security numbers, with 10,741 visits seen in the clinic.
 - TRICARE - Network Provider currently has 221 beneficiaries assigned.



Progress to Date

- Daily work routine is productive on both sides
- Communication and brain-storming occur at each cross roads we make.
- Training completed on the Implementation and use of the Bidirectional Health Information Exchange (BHIE)
- Maintaining Continuous Joint Commission / Quality improvement readiness programs
- VA staff are now able to live in base housing which is a great job incentive for a high cost area
- VA Staff on Official Government Travel allowed Lodging at Naval Air Station



5 Things You Do Well

- Communicate on all levels (locally between NBHC/KW team and VA Team as well at our higher headquarters NHJAX and Miami VA)
- Work things out together (handle situations in a timely and effective manner)
- Retired Beneficiaries go to VA – provider on board Contracted with Humana, retirees are seen in the clinic and utilize ancillary services.
- Utilized Psychiatrist and Physical Therapist as Network providers in the same building, seamless to the patients.
- Understand each others' strategic goals: example, In support of the NBHC/KW Wednesday afternoon training needs the VA uses only emergent ancillary service to be processed. HUGE Moral Booster.



5 Things You Need

- Look for opportunities to share and grow
- Review possible expansion of Physical Therapy facilities, hiring of an additional therapist and acquisition of state-of-the-art equipment which will enhance the care of veterans and offer active-duty members returning from the Iraq and Afghanistan war theaters the best in rehabilitation services.
- Review possible expansion of Mental Health Services to increase capacity, which will enhance the care of veterans and offer active-duty members returning from war theaters the best patient care services.
- Continued sharing of educational resources and programs: examples are the 2-day VA Police training session for handling disruptive or threatening patients and ongoing visiting clinical conferences sponsored by the Navy with opportunity for CEUs and CMEs.



Lessons Learned

- Lab workload has been captured for VA since July 2008, by manual counts of the daily specimen manifests collected at NBHCKW level. VA(OMNI) has courier transport specimens daily to Miami. This creates direct input into CPRS of results.
- The BHIE architecture allows both VA and DoD health care professionals access to clinical data stored in each other's medical information system. This ensures a continuum of service and care to patients treated at either VA or DoD sites.



VA/DoD Team

One Team, One Concept!

